



# Incident Report

**Print Date/Time:** 02/22/2016 14:05  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00003125

**Incident Date/Time:** 2/16/2016 6:40:28 AM  
**Location:** SR 9 NE / SR 92  
MARYSVILLE WA 98270  
**Phone Number:** (425) 335-1508  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell
19O31	SS0121-Carter
19S10	SS0013-Brooks

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANDERSON, TERI		(425) 335-1508			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						40393C	
Involved Vehicle						AWC0884	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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02/16/2016 : 06:52:21 SP0321 Narrative: WSP UPDATED IS NO LOC, 3 GRN PT, CODE GRN A83

02/16/2016 : 06:50:25 SP0321 Narrative: BUS VS CAR, REAR END, CKING FOR INJ,

02/16/2016 : 06:47:38 SP0379 Narrative: STATE ADV THEY'LL SEND A COMMERCIAL VEH, REQ LKS PD RESP

02/16/2016 : 06:44:11 SP0152 Narrative: WS[ ADV

02/16/2016 : 06:41:51 SP0152 Narrative: SCHOOL BUS REAR ENDED, UNK INJ, NON BLKING



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-3125VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Karen LaBonte</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B.	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>P.O. Box 682</u>					CITY <u>Granite Falls</u>		STATE <u>WA</u>	ZIP <u>98252</u>		
HOME PHONE <u>425-760-4334</u>		CELL PHONE <u>425-760-4334</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Lake Stevens School Dist.</u>					

## STATEMENT:

was at stop light at 92 + 9 turning Right onto 9 and went to go someone was coming so I stopped and the car Behind Did not and hit me in the Back of the Bus.

LSPD  
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Karen LaBonte</u>	DATE SIGNED: <u>2-16-16</u>
OFFICER/NUMBER: <u>Kare #155</u>	DATE SIGNED: <u>02-16-16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-3125VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Wiley, Jennie, Claire	RACE	ETHNICITY	SEX F	D.O.B. 12/18/78	AGE 37	HGT 5'4"	WGT 145	HAIR brown	EYES brown
STREET ADDRESS 11311 34th St. NE Lake Stevens, WA 98258			CITY Lake Stevens			STATE WA		ZIP 98258	
HOME PHONE 8		CELL PHONE 360-631-3863			WORK PHONE 425-258-7324				
EMAIL ADDRESS (OPTIONAL) jennie.wiley@yahoo.com					PLACE OF EMPLOYMENT Providence Regional Medical Center				

**STATEMENT:**

In right hand turn lane on Highway 92, turning right onto Highway 9, School bus started to turn (it was vehicle in front of me) then abruptly stopped. I started to go when it did but was unable to stop quickly enough.

SPD  
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Jennie Wiley</i>	DATE SIGNED: 2/16/16
OFFICER/NUMBER: <i>Kore #135</i>	DATE SIGNED: 02-16-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E517098**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-3125
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	02	-	16	-	2016			0641	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	9100
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	SR 9 NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606313863
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LAST NAME	WILEY	FIRST NAME	JENNIE	MIDDLE INITIAL	C
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STREET NEW ADDRESS	11311 34TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588782
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	WILEYJC224RQ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	-	18	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AWC0884	STATE	WA	VIN#	5J6TF3H51DL004862
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	HOND	MODEL	CROSST	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FIRST NATIONAL H2264789
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257604334
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LAST NAME	LABONTE	FIRST NAME	KAREN	MIDDLE INITIAL	I
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STREET NEW ADDRESS	7229 ROBE MENZEL RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982520000
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CDL	B	RESTRICTIONS		ENDORSEMENTS	P
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DRIVER'S LICENSE #	LABONKI357LQ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	-	18	-	1965
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	XMT40383C	STATE	WA	VIN#	1GTEK14ZXNZ516433
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1992	MAKE	GMC	MODEL	4X4SIE	STYLE	BU	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SIAM/MUNICH REINSURANCE SIAM121334022
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SIAM/MUNICH REINSURANCE SIAM121334022
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	K. PARNELL	BADGE OR ID #	0135	AGENCY	WA0311900
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**PART A** 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E517098**CASE # **16-3125**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>GEE TIMOTHY R</b>																		
ADDRESS & PHONE # <b>1987 SOFIA DR YUBA CITY CA 959930000 4257604334</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>10</b>	-	<b>16</b>	-	<b>1955</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>KELLEY JAMES</b>																		
ADDRESS & PHONE # <b>WA 4253351507</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>02</b>	-	<b>13</b>	-	<b>2000</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>10</b>	AIRBAG	<b>2</b>	RESTR.	<b>1</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

Veh. 2 was stopped at red light in right turn lane on SR 92. Veh. 1 was behind veh. 2 waiting to make right turn. Veh. 2 pulled forward slightly, then stopped for traffic. Veh. 1 moved forward also and the front of veh. 1 impacted the rear of veh. 1.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

Seat Position (Passenger JAMES KELLEY): ROW 3, SEAT E

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**K. PARNELL**

**02-16-16 09:03 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**2/19/2016 1:48:46 AM**

BADGE OR ID #	<b>0135</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:47 AM</b>	TIME POLICE ARRIVED	<b>6:50 AM</b>
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**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

**REPORT NO. E517098**
**CASE # 16-3125**
**COMMERCIAL MOTOR CARRIER**
INTERSTATE ☐INTRASTATE ☐
**UNIT #**

2

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

00

GVWR

0

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**
**UNIT #**
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

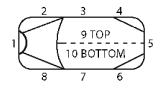
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


**UNIT #**
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

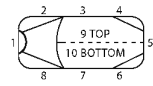
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**K. PARNELL**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**02-16-16 09:03 AM**

DATED:

PLACE SIGNED

BADGE OR ID #

0135

ORI #

WA0311900

APPROVED BY

MINER

DATE

2/19/2016

PAGE

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OF

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REPORT NO. E517098

CASE # 16-3125

DATE AND TIME  
OF COLLISION 02/16/16 06:41

